OFFICE USE ONLY



IMPORTANT INFORMATION (Read Carefully):

Incomplete applications will delay the license.

MONTGOMERY COUNTY DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



MAIL APPLICATION TO: Licensing and Registration • 1401 Rockville Pike, 4th Floor • Rockville, Maryland 20852

Telephone 240-777-0311 • TTD 240-777-3679

FEE is Not Prorated FEES EFFECTIVE JULY 1, 2019

www.montgomerycountymd.gov/dhcalicensing

RENTAL HOUSING LICENSE APPLICATION SINGLE FAMILY AND CONDOMINIUM

Application MUST be signed. Application MUST include payment. Payment: Check or Money Order only Payable to: Montgomery County MD Refund requests must be made in writing within 90 days of payment and include documentation from bank institution RENTAL PROPERTY INFORMATION:					☐ Dup	/□Back to uadraplex	Back 🗆	\$64.00 ☐ Garden Style Condo Back ☐ High Rise Style Condo ☐ Piggyback Townhouse iscal Year: July 1 to June 30			Date I	Entered By Date Entered Deposit By			
Name of Comm ☐ I affirm that	unity Assoc	tiation	homeowi	ners or cond	lominium	dues a	nd fees								
Rental Street A												l le	it #		
City										_ [ate of P	urchase (o	date)		
Start Date of Re	ntal			_ Rent	\$			Yea	ar Built						
# of Occupants # of Kitchens			nens	s # of Bedrooms				# of Basement Bedrooms							
					w is tenant related?				Name of Relative						
OWNER INF Primary Owner Street Address	(Salutation)			-										of State]
City					State			Country	Country			Zip Code			
Work Phone # Hou					ome Phone #										
Email Address:	(Please Pr	int)				1 1		1 1	<u> </u>	1 1		1 1			1 1
Corporation Na	PORATION	INFORM	MATION: [Agent is	require	ed for C	orporat	e Ow	rnership]	n separ	ate sheet*	**		
Executive's Na															
Street Address															
City						State	·	_ Cour	ntry			Zip Code			
Office Phone #					Cellula	r Phone	#				Fax #				
Email Address:	(Dlagge Dr	int)													

AGENT or MANAGEMENT INFORMATION:	*Administrative Agent □ Management □
Agent/Management Name	*(Administrative Agent will receive all renewal bills)
Company Name:	
Street Address	
City	State Country Zip Code
Work Phone# Cellular	Phone # Fax Phone #
Email Address: (Please Print)	
	ner does not live in the State of Maryland or using a PO Box* * * * *
	(Must be any Maryland Resident – Cannot be Tenant)
Company Name:	
Street Address	
	StateMD Zip Code
	Phone # Fax Phone #
Email Address: (Please Print)	
Legal Agent's Signature Required	Date
Maryland State law requires all owners renting reside before January 1, 1978, it is required to be tested for 1. Is the property built before January 1, 1978? If answer to question #1 is NO, DO NOT answer if the answer is YES, please complete question 2. Is this property registered with MDE? Tracking #: 3. Is the registration current? YES □ 4. What is the Lead Inspection Certificate # for current terms.	r questions 2, 3, & 4. You do not have to register your property with MDE. Is. If NO, contact MDE 1-800-633-6101 to register.
AUTHORIZED SIGNATURE OF APPLICA By my signing this application, I am the owner or result in having this rental license application deninformation on this application is true to the best of	TION LICENSE: nave authorization to sign on behalf of the owner. I understand that falsifying information can ed and the property will not be licensed to rent. I affirm under penalty of perjury that the f my knowledge and belief. I also understand that if there are changes in property ownership, must notify MC/DHCA Licensing and Registration within 10 day of the change. I also
	Date
Authorized Signature	
Print or Type Name of Person Signing Please note: If your check is returned unpaid, your account will be debited electronical authorization of these transactions.	y for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes